



City of Aberdeen
Planning & Building Division
200 E. Market St., WA 98520
(360) 537-3214 Fax (360) 537-3350

DEVELOPMENT APPLICATION

Submittal Date: _____

Building Permit #: _____
to be assigned by City

Please complete entire form. If a section is not applicable to your project, please indicate as n/a, not applicable. An application cannot be approved if information is incomplete. Please submit two complete sets of plans/drawings/specifications for each permit application submitted. Application must be signed and dated. Plan check fee (65% of building or mechanical permit fee, as applicable) is due at time of submittal.

Please note that each city department will review this application for compliance with all applicable city codes and ordinances. Each department is responsible for reviewing and contacting you directly regarding your application and you will need to respond to each department's requirements accordingly. When all departments have signed off on this form, you will be notified that the necessary permits are ready to be issued. Minimum review time is two weeks.

Building Information: Total Project Cost [Materials and Labor] \$ _____

1. Parcel Number _____ Site Address _____
if new construction City will assign address
2. Applicant Information (If not owner) Name/Address/Phone: _____

3. Owner Name: _____ E-mail address _____
4. Owner Address: _____ City _____ Zip _____ Phone () _____
5. Contractor Business Name: _____
6. Contractor Mailing Address: _____
7. Contractor Phone: () _____ Contractor Registration No.: _____ Expiration Date _____
8. If owner-builder, will you be occupying this structure? ☐ Yes ☐ No Renting? ☐ Yes ☐ No Selling? ☐ Yes ☐ No
9. Describe what you plan to build _____
10. Use of improvement: ☐ Residential ☐ Commercial ☐ Industrial ☐ Garage ☐ Storage ☐ Other _____
11. Square footage of proposed remodel/addition/construction: Dwelling _____ sq ft. Garage _____ sq ft Other _____ sq ft

Mechanical Information: Total Project Cost [Materials and Labor] \$ _____

1. Primary Heat Source: Heated ☐ Yes ☐ No
Fuel - Electric ☐ Natural Gas ☐ Oil ☐ LP Gas ☐ Other _____ Size _____ BTU's
Type - Forced Air Furnace ☐ Zone ☐ Radiant ☐ Other (explain) _____
Will you be using a Heat Pump? ☐ Yes ☐ No Number of Thermostats _____
Will you be installing an LPG burning appliance? ☐ Yes ☐ No
☐ Range ☐ Fireplace _____ BTU'S ☐ Hot water Tank _____ BTU'S ☐ Other _____
Will you be installing a wood-burning appliance? ☐ Yes ☐ No
Exhaust Fans/Number? _____ Range Hood: ☐ Yes ☐ No Bathroom Fans: ☐ Yes ☐ No Dryer Vent ☐ Yes ☐ No
2. Contractor Business Name _____
3. Contractor Address _____
4. Contractor Phone () _____ Contractor Registration No: _____ Expiration Date _____

Plumbing Information:

1. Sinks # _____ Dishwashers # _____ Clothes Washers # _____ Toilets # _____ Urinals # _____ Showers # _____
Bathtubs # _____ Bathtub/Shower combos # _____ Water Heaters # _____ Floor Drains # _____
2. Drinking Fountains # _____ Hose Bibs # _____ Other (identify and #) _____
3. Contractor Business Name _____
4. Contractor Address _____
5. Contractor Phone () _____ Contractor Registration No: _____ Expiration Date _____

Electrical Information: Please complete and submit separate application form.

I CERTIFY THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (Application must be signed and dated.)

OWNER OR AGENT: _____

Print Name

OWNER OR AGENT: _____

Signature

Date

-----DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY-----

DEPARTMENT	DATE RECEIVED	APPROVED BY	DATE APPROVED	COMMENTS
Building				
Electrical				
Engineering	A)	A)	A)	A)
A) Storm Drainage				
B) Flood Plain	B)	B)	B)	B)
C) Right-of-Way	C)	C)	C)	C)
Fire				
Planning				
Sewer				
Water				